

Volunteer Application

		App	JiiGaii	t information					
Full Name:			Date:						
	Last	First			M.I.				
Address:	Street Address				Apartment/Un	uit #			
	Girott Additoss				<i>Арантени от</i>	π π			
-	City				State	ZIP Code			
Phone: () Social S	Security	E-r	nail Address: _					
Birth date: No.:		•			CDL# / Exp. Dat				
Are you a citizen of the United States?		YES YES	NO If no, are you a		uthorized to work in	the U.S.?	NO		
Have you ever worked for this department?		YES	NO	If so, when?					
Have you ever been convicted of a felony?									
If yes, expla	ain:	\/F0	NO						
Are you currently employed?		YES	NO	Occupation:					
Employer:					Phone: ()				
Are you a retiree? Company name:		YES	NO	If so, when?					
Are you a current student?		YES	NO	Grade Level:					
School Name:									
Interests									
Tell us which	ch areas you are interested in volur	nteering:							
Tulare Cou	nty Sheriff's Department Explorers	3 :							
Headquarters Explorer Post 355 Orosi Explorer Post 355 Porterville Explorer Post 355									
Tulare Cou	nty Sheriff's Department Chaplain	Corps:							
Detentions Chaplains			_ Operations Chaplains						
Tulare Cou	nty Sheriff's Department Voluntee	rs in Pat	rol:						
Headquarters Substation Orosi Substation Pixley Substation Porterville Substation									
Tulare Cou	nty Sheriff's Department Search a	nd Resci	ue:						
	Sheriff's Posse Volunteer Search and Rescue Aero Squadron								

	Medical								
	er from ANY disorder that would prevent you from DRIVING, W STANCES, STANDING OR SITTING FOR A PERIOD OF TIME		YES	NO					
If yes, expla	ain:								
Emergency Contact									
Full Name:									
Address:	Last First	Midd	dle						
	Street Address	Apartment/Unit #							
-	City	State	e ZIP C	ode					
	Other Info - Special Skills – Qu	alifications							
	any other important information, special skills and qualification	s you have acq	uired from employm	ent, previous					
volunteer w	ork, or through activities, including hobbies or sports:								
	P. Communication of the Commun			ı					
Please list	three professional references.								
	·);							
Company:									
Address:									
	Relationship								
			_()						
	Relationship								
Company:		Dhono:	()						
Address:									
	Military Service								
Branch: Rank at		From:	To): 					
Discharge:	Type of Dis	scharge:							
If other thar	n honorable, explain:								
	Disclaimer and Signate	ıro							
I certify that my answers are true and complete to the best of my knowledge.									
If this application leads membership, I understand that false or misleading information in my application or interview may result in my release.									
Signature:			Date:						